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| **RECORDING REQUESTED BY:**    **When Recorded Mail Document To:** |  |
| APN: | SPACE ABOVE THIS LINE IS FOR RECORDER’S USE |

**REVOCATION OF POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the Power of Attorney executed by      , on       and recorded as Instrument Number       of the Official Records of       County, State of California, by which       constituted

Attorney for the purpose in said Power of Attorney set forth, is hereby revoked, cancelled and annulled.

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| DATED: |
| |  | | --- | | A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. | |
| State of  County of |
| On before me  , Notary Public,  personally appeared    who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.  I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.  WITNESS my hand and official seal. |
| Signature |
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| SPACE BELOW RESERVED FOR NOTARY SEAL |